12-22-2006 07:03am From-5854236059 +5854236059 T-738 P.001/001 F-681 \RT B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 DEC 8 8 2006 or Fax (571)-273-2885 INSTRUCTION This form should be used for transmitting the ISSUE PEB and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All techar correspondence address as indicated unless carried to the current correspondence address as indicated unless carried to the current correspondence address as indicated unless carried to the current correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee outifications. Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for my change of address) 12/20/2006 25453 7590 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below PATENT DOCUMENTATION CENTER XEROX CORPORATION 100 CLINTON AVE., SOUTH, XEROX SQUARE, 20TH FLOOR ROCHESTER, NY 14644 (Depositor's name) BEACH MICHELLE (Sienstan) (Date) ಎಎ $\sim \sim \sim$ FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 12/22/2006ABB55H8H3/80000021 24002563210849973 05/20/2004 Heiko Rommelmann 10/849.973 TITLE OF INVENTION: CONTROL OF PACKAGED MODULES 01 FC:1501 1400.00 DA 02 FC:1504 .300.00 DA PUBLICATION FEE DUE APPLN. TYPE \$MALL ENTITY ISSUE FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(\$) DUE DATE DUE 02 03/20/2007 NO \$1400 \$300 \$1700 nonprovisional EXAMINER ART UNIT CLASS-SUBCLASS LA, ANH V 2612 340-572800 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list ARTHUR DAVID (1) the names of up to 3 registered patent attorneys ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent anomeys or agents. If no name is ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. listed, no name will be printed.

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